



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
STATE FIRE MARSHAL'S OFFICE
ADMINISTRATIVE SERVICES SECTION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0577

APPLICATION FOR CODE INSPECTOR
RECERTIFICATION

Applicant Name: _____ SS#: _____
Home Address: _____ Home Phone #: () _____
City: _____ State: _____ Zip: _____
Employer Name: _____ Position: _____
Address: _____ City: _____ State: _____ Zip: _____
Work Phone #: () _____ Fax #: () _____

Type of Inspector Recertification Requested: (Please Check All That Apply)

Fire Code Inspector: _____ Building Code Inspector: _____ Both Fire & Building: _____
Plumbing Code Inspector: _____ Mechanical Code Inspector: _____ Both Plmb & Mech: _____

Current Tennessee State Inspector Certification Number(s):

Building #: _____ Exp. Date: _____ Fire #: _____ Exp. Date: _____
Plumbing #: _____ Exp. Date: _____ Mechanical # _____ Exp. Date: _____

**I hereby request State Code Inspector Recertification pursuant to Rules 0780-02-16-.06:
(Evidence of meeting recertification claimed *must* be submitted with this application unless otherwise noted.)**

Check the appropriate method(s) of recertification:

- _____ (a) proof of thirty-six (36) hours of Division approved continuing education within thirty-six (36) months prior to recertification. (Continuing education hours may count toward multiple re-certifications.)
_____ (b) successful completion during the previous three (3) years of the next higher level of certification offered by a recognized and approved certifying organization as listed in Rule 0780-02-16-.04.

Certificate holders may request in writing to the Division that renewal dates for their multiple certifications be made the same date. To accommodate such requests, the Division may pro-rate the re-certification fee by \$12.00 or \$24.00 depending on the unused portion of a certification period. The Division will not be responsible for training expenses incurred by certificate holders.

NOTE: I have enclosed \$35.00 per recertification requested, for a total of \$ _____. Please make checks payable to the Tennessee Department of Commerce and Insurance. I certify that the above statements are true to the best of my knowledge. Per Rule 0780-02-16-.06(2), applicants for recertification will have up to sixty (60) days following expiration of their certification to fulfill all requirements for recertification. However, all applications filed during this late recertification period must be accompanied by a late penalty fee of \$10.00 in addition to the \$35.00 recertification fee.

Signature
(For Official Use Only)

Date

APPROVED BY: _____ DATE: _____
NEW CERTIFICATION EXPIRATION DATE: _____
DISPOSITION: _____